PHARMACARE NEWSLETTER

February 22, 2001
01-02

Web site: http://www.hlth.gov.bc.ca/pharme/index.html

PLEASE CIRCULATE AMONG DISPENSING STAFF

SPECIAL SERVICES FEE POLICY REMINDER

Pharmacists are reminded that the following are the only accepted reasons for claiming a special service fee (SSF). An SSF can only be claimed when there are savings to Pharmacare as a result of a decision to not dispense. Fees are not to be claimed for repeat occurrences for the same individual at the same pharmacy within a short period of time. Claims for SSF are subject to audit.

Valid CPhA Special Services Codes	
CPhA Code	**Description**
CI	Significant Drug Interaction (Drug to Drug)
CA	Prior Adverse Reaction
CD	Therapeutic Duplication
CL	Sub-Therapeutic Dose
CH	Dangerously High Dose
CB	Treatment Failure
CO	Potential Overuse/Abuse
CM	Suspected Polypharmacy/multi-doctoring
CF	Falsified/Altered Prescription
UB	Consulted Prescriber – Changed Dosage
UC	Consulted Prescriber – Changed Instruction For Use

ECP COUNSELLING FEE UPDATE

Since the offer was made to pharmacies on January 5, 2001, to pay $15 dispensing for ECPs dispensed without a physicians prescription, 76 pharmacies have signed on. These pharmacies are located in 35 communities throughout the province. The offer to pharmacies to participate in this program is open on an on-going basis and any pharmacies wanting to obtain the addendum form to participate are invited to call the Pharmacare Help Desk.

RESTRICTED CLAIMANTS

Pharmacare places restrictions on individuals when a review of payment data shows a pattern of multidoctoring or poly pharmacy practice for known drugs of abuse. Before a restriction is placed on the individual a staff pharmacist reviews the claims history and recommends the restriction. A review may be generated by the request of a physician, pharmacist, social worker or a regular system report. Not all reviews result in a restriction.

The restriction by Pharmacare is a payment restriction and does allow pharmacists to exercise professional judgment in determining whether medication should be dispensed. When continued dispensing raises concerns, we will forward information to the College of Pharmacists and or the College of Physicians and Surgeons for review.

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NON-INSURED HEALTH BENEFITS (NIHB) CLARIFICATION

Further to the information provided in Newsletter 00-02, April 11, 2000, if the NIHB exception process is exhausted and coverage is denied when the medication required is a Pharmacare benefit, Pharmacare coverage, subject to usual deductible, co-payment and pricing rules will be provided. Contact with the Pharmacare Help Desk is required.

LCA UPDATES

Chloramphenicol Opth Sol 0.05%: Due to supply problems in this category, effective immediately, Sabex Pentamycetin Opth Sol 0.05%, DIN 2164051, has been designated "F" (Full) status until further notice.

AMENDMENTS TO LCA BOOKLET EFFECTIVE MARCH 01, 2001:

Sulfinpyrazone Tab: 100 mg; please add DIN 475068

Novopyrazone Tab: 100 mg; under this category eligible for "P" (Partial) coverage.

LCA PRICE CHANGES:

CATEGORY	CURRENT LCA PRICE	NEW LCA PRICE
Captopril Tab 12.5mg	0.1799	0.2139
Captopril Tab 25mg	0.2543	0.3019
Captopril Tab 50mg	0.3989	0.5687
Diltiazem CD Cap 120mg	0.7363	0.8813
Hydromorphone Inj 50mg	9.9822	11.1136
Propranolol Tab 10mg	0.0184	0.0205
Ranitidine Tab 150mg	0.3860	0.4061
Tamoxifen Tab 10mg	0.1124	0.1839
Timolol Dps 0.25%	1.5297	1.5740
Timolol Dps 0.50%	1.8022	1.8825

STATUS CHANGES FROM "P" PARTIAL TO "F" FULL:

DIN	MAN	BRAND NAME
2145863	KNO	Dilaudid XP Liq IM IV SC 50mg/ml
0705438	KNO	Dilaudid Tab 1mg
0125083	KNO	Dilaudid Tab 2mg
0125121	KNO	Dilaudid Tab 4mg
2019949	RPR	M-Eslon 30 Cap 30mg*
2019957	RPR	M-Eslon 60 Cap 60mg*
0695661	SQU	Capoten Tab 12.5mg
2230203	PMS	PMS-Captopril Tab 12.5mg
2163578	GPM	Gen-Captopril Tab 25mg
2230204	PMS	PMS-Captopril Tab 25mg
1913840	NXP	Nu-Capto Tab 50mg
2163586	GPM	Gen-Captopril Tab 50mg
2207761	GPM	Gen-Ranitidine Tab 150mg
0812404	APX	Apo-Tamox Tab 10mg

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STATUS CHANGES FROM "P" PARTIAL TO "F" FULL: (continued from page 2)

2230454	APX	Apo-Bromocriptine Cap 5mg
2229781	KNR	Alti-Diltiazem CD Cap 120mg
0402788	APX	Apo-Propranolol Tab 10mg
0496480	NOP	Novo-Pranol Tab 10mg
0893773	GPM	Gen-Timolol Oph Sol 0.25%
2083353	PMS	PMS-Timolol Oph Sol 0.25%
0893781	GPM	Gen-Timolol Oph Sol 0.5%
2137267	FAU	Morphine Sulf Inj 50mg/ml

*M-Eslon Caps 30 and 60 mg: Due to a price reduction of these two products effective March 1, 2001, Aventis has confirmed they will reimburse BC pharmacies (via the wholesalers) the price differential for existing stock. Please contact Aventis directly for further information.

CATEGORY REMOVALS:

Fluphenazine Tab 2mg

Perphenazine Tab 2mg

Perphenazine Tab 4mg

BENEFITS

The following new products have been included as eligible Pharmacare benefits on Plans A, B, C, E and F

DIN	MAN	DRUG NAME	Short Term	Long Term	Plan G Eligible	Eligible for Palliative Care
02242984	TAR	Tarocort (hydrocortison valerate) 0.2% cream		Y		Y
02242985	TAR	Tarocort (hydrocortisone valerate) 0.2% ointment		Y		Y
02242652	SIL	Gentamicin Injection (gentamicin sulfate) 40 mg/ml		Y		
02242822	APO	Apo-Nefazodone tablets 50 mg		Y	Y	Y
02242823	APO	APO-Nefazodone tablets 100 mg		Y	Y	Y
02242824	APO	APO-Nefazodone tablets 150 mg		Y	Y	Y
02242825	APO	APO-Nefazodone tablets 200 mg		Y	Y	Y
02243223	YNO	Baycol® (cerivastatin) tablets 0.8 mg		Y		
02237397	LON	Lin Nefazodone tablets 50 mg		Y	Y	Y
02237398	LON	Lin Nefazodone tablets 100 mg		Y	Y	Y
02237399	LON	Lin Nefazodone tablets 150 mg		Y	Y	Y
02237400	LON	Lin Nefazodone tablets 200 mg		Y	Y	Y

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NEW PRODUCTS CATEGORIZED TO LCA and/or RDP

The following new products under the Low Cost Alternative Program (LCA) / Reference Drug Program (RDP) have been included as eligible Pharmacare benefits on Plans A, B, C, E & F.

DIN	MAN	DRUG NAME	FULL/ PARTIAL	LCA/RDP Price	Short Term	Long Term	Plan G Eligible	Eligible for Palliative Care
02242484	SIL	Morphine Injection (morphine sulfate) 2 mg ml	F	0.5949		Y		Y

NON BENEFITS

Pharmacare's Drug Benefit Committee (DBC) recently completed the review of the following products and recommended that these products not be added as benefits under the program (comments follow).

DIN	MAN	DRUG NAME
2241701		Sevelamer hydrochloride (Renagel®) 403 mg capsules

Sevelamer is indicated for the control of hypophosphatemia in patients with end stage renal disease on hemodialysis. As such, this product falls outside the mandate of the Pharmacare Program. All inquiries for coverage for sevelamer should be directed to the British Columbia Provincial Renal Agency at (604) 806-8845.

DRUGS UNDER REVIEW

The following drug submissions are currently under review by the Therapeutics Initiative(TI), Pharmacoeconomics Initiative and the Drug Benefit Committee of Pharmacare.

alendronate (FOSAMAX®), resubmission
ancestim (STEMGEN®)
azithromycin (ZITHROMAX®), resubmission
botulinium toxin (BOTOX®)
cabergoline (DOSTINEX®)
desmopressin (DDAVP®) tablets, new indication
eposartan (TEVETEN®)
erythropoeitin (EPREX®), resubmission
etanercept (ENBREL®)
filgrastim (NEUPOGEN®), new indication
meloxicam (MOBIC®)
moxifloxacin (AVELOX®)
norethindrone acetate/ethinyl estradiol(FemHRT®)
perindopril (COVERSYL®)
pioglitazone (ACTOS®)
pramipexole (MIRAPEX®), resubmission
riluzole (RILUTEK®)
risedronate (ACTONEL®)
rivastigmine (EXELON®)
testpsterpme (ANDRODERM®)
verteporfin (VISUDYNE®)